

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	F.H.		05-15-01
O.I.P.E. CLASSIFIER		49	6/2/01
FORMALITY REVIEW	H.S.	866	07-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/2/04
2	✓
3	✓
4	✓
5	✓
6	✓
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Best Available Copy

If more than 150 claims or 10 actions  
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